4171-12 Bx. 11

### APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

7)

	npleting this form contact DHR Records Management Unit, 56-4976 GIST: 221-4983	47 Trinity Avenue, Atlanta, Georgia
DHR	1. GEORGIA DEPARTMENT OF HUMAN RESOURCES	ARCHIVES AND HISTORY
Application Date	Division of Physical Health	Application Number
April 9, 1979	Emergency Health Unit - 2nd Floor 618 Ponce de Leon Avenue, N. E.	76-351-A
Application Number	Atlanta, Georgia 30306	Date Received Date Completed
DHR 79-10	,	APR - 9 1979 APR 1 3 1979
2. Person to Contact	Working Title	Telephorie Number
Mrs. Bennie Lou Car	r Community Services Development	Consultant 894-5170
3. Action Requested	to note chan	ge in procedure and retention
1	le; record will continue to accumulate. period ation; no further accumulation anticipated.	
c. SAmend Application No		de; 🗆 Void
	5. Records Series Title (followed by title used in office; if different)	
4. Detes of Series	6. Records Series Title Tronowed by title deed in Ornice, it differently	
Earliest Latest 1978   to date	Emergency Health Ambulance Trip Statist	ical Report Files
6. Division and Office Function	What is the function of the Division and the Office in which thi	s record series is created?
the administration, di Georgia. This is acco and field operations; the diagnosis and cont statistical coding, ce	al Health, through the leadership of the rection, and coordination of the physical mplished by the establishment of health s the improvement of physical and dental herol of diseases; and the daily State-widertification, and preservation of births, as that occur each year in the State.	health programs throughout tandards for business, housing, ealth of adults and children; e program of registration,
moting and supporting	Init is responsible for providing administ emergency health functions to meet the new der due to sudden illness, accidental injunctions.	eds of individuals in emer-
Documents relating to: repo	This file contains the following documents linclude form numbers and orting care rendered to patients by ambula ergency situation —— for statistical purpo	nce workers in Georgia
Included is: four-par name, address, Soci ambulance service n by; nature of acci name, address and p patient's condition patient's condition enroute; type of n patient refused tre Ambulance Attendant and Beorgia Emergen The file is arranged: by mo- alpha	t form 3013 (Rev. 7-75) (Ambulance Trip Ral Security number, race, age, sex; type ame and license number; date; patient ladent; nature of call; type of call; diphone no. of person responsible for patient; type of injury; site of injury; illness enroute; difficulties enroute; emergent edication given and name of physician order and Georgia Emergency Medical Technician acy Medical Technician Number. Onth; thereunder, by Emergency Medical Sembetically by county or service name.	deport) which shows patient's of payment; time factor; cocation; ambulance requested stance; patient's destination; it; vital life signs of patient ess; severity; medical ID tag; icy care rendered at scene and lering treatment, or that and by whom; signatures of Number, and Ambulance Driver
·	How often are records referred to which are:	
One to six months old tiventy-five months and older	: Seven to twelve months old; Thirteen to twelve months old; Thirteen to twelve months old;	venty-four months old;
9. Annual Rate of Accumulation of		<u> </u>
24 cu.	`	Other (Specify)

YES NO 10. Questionnaire	(Place an "X" in the preper solumn)		
a. Is this the offici	ial copy of the series?	\$ 1	
<del></del>		iring security handling? If yes, cite law or regulation.	supplied informa-
		ientifies individuals who have	tion for a statis-
X c. is this a vital rec			cal report
	have historical or long term research w	<del></del>	
a, when one or two	•	ary to keep the entire file for a long period, could thes	9 docniueus
	on contained in this series ever publish	ed? If yes, ettach copy.	
g. Is the information X If yes, attach co		ed and/or recorded in a summarized report?	
h. Is there a duplic	estion of this series in your office, or in	n another office or agency?	
it yes, where?	a major portion of it) regularly micro	filmed?	
	series result in a computer printout?		· · · · · · · · · · · · · · · · · · ·
11. Retention Requirements	The following	ng requires the series to be kept:	
Book 1			
a. State Law b. Statute of limitation		d. Audit period  e. Administrative need	6 months
c. Federal law	years.	f. Federal retention instructions	years.
		·	
Attach copy or excerpt of law	s or regulations. Explain administrativ	e need.	
quarterly printout o	f computer sampling pu	blished by way of monthly Newsle	tter to ambulance
services throughout	the State Newslet	ter transferred annually to Stat	e Archives
2. Approved Disposition Instruct	tions This agency recommends the	t the file series be cut off at the end of sech:	
	☐ Calendar Year; ☐ Fiscal Y	feer; A Other quarterly	then,
	sa; hold year(s); ther		
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the same of the sa	for permanent retention.	<ul> <li>Description of the second of th</li></ul>	
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☐ Transfer to State Archives (  © Other (Specify)  See page 3	for permanent retention.  prior and future accumulations of the	t de la companya de l	
Transfer to State Archives (E) Other (Specify)  See page 3  These instructions apply to all		sories.	
Transfer to State Archives (E) Other (Specify)  See page 3  These instructions apply to all	prior and future accumulations of the	series.  Records Management Officer (Signature)	Date
Transfer to State Archives (E) Other (Specify)  See page 3  These instructions apply to all	prior and future accumulations of the		Date 4/6/79,
Transfer to State Archives ( C) Other (Specify)  See page 3  These instructions apply to all	prior and future accumulations of the	Records Menagement Officer (Signature)  Blockto M. Co- Elizabeth W. Crank, CRM	4/6/79
Transfer to State Archives ( C) Other (Specify)  See page 3  These instructions apply to all  Agency Head/Designee (Signature  Duran Survey Signature)  Recommendations in paragraph	prior and future accumulations of the Date 4/6/79	Records Menagement Officer (Signature)	1
Transfer to State Archives ( C) Other (Specify)  See page 3  These instructions apply to all  Agency Head/Designee (Signature  Dury Low  Recommendations in paragraph 12 are approved.	prior and future accumulations of the	Records Menagement Officer (Signature)  Blockto M. Co- Elizabeth W. Crank, CRM	4/6/79
Transfer to State Archives ( C) Other (Specify)  See page 3  These instructions apply to all  Agency Head/Designee (Signature  Dury Signature  Recommendations in paragraph 12 are approved. (If disapproved, attach letter	prior and future accumulations of the Date 4/6/79	Records Menagement Officer (Signature)  Blockto M. Co- Elizabeth W. Crank, CRM	4/6/79
☐ Transfer to State Archives (	prior and future accumulations of the  Date  4/6/79  State Auditor/Designee	Records Menagement Officer (Signature)  Blockto M. Co- Elizabeth W. Crank, CRM	4/6/79

### Continuation page

#### 12. Cut off file as follows:

# Form 3013 Ambulance Trip Report

DHR Emergency Health
(statistical copy - yellow)
(patient identifiers not )
(shown )

Cut off file quarterly; hold in current files area until statistical information is coded, tabulated, and determined to be correct; then transfer appropriate forms to Emergency Medical Services District Coordinators.

# Emergency Medical Services District Coordinators

Following comprehensive review, place form in inactive file; cut off inactive file at end of each quarter (March -June-September-December); hold to end of next quarterly cut off period; then destroy by security method (DHR confidentiality policy).

#### Hospital

(patient chart copy - white)
(record copy)

Place with patient's medical records; and maintain in accordance with State of Georgia Hospital Laws for patient medical records -- Chapter 290-5-6 (h).

# Ambulance Service (pink copy)

Maintain in accordance with State of Georgia Laws for Ambulance Service -- Section 290.5.30 or see attached Georgia Code- Chapter 3, Sections 1004 and 1003.

### Pharmacy \_\_\_(green copy)

Maintain in accordance with State of Georgia Pharmacy Laws - Section 79A-507.

#### Printout

(received quarterly at present time -- may be changed to annually if determined adequate)

Cut off at end of each calendar year; hold in current files area 5 years; then destroy.

Earlier destruction is authorized.



FOR AGENCY USE

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### APPLICATION FOR RECORDS RETENTION SCHEDULE

1. Agency Address

OFFICE OF THE SECRETARY OF STATE DEPARTMENT OF ARCHIVES AND HISTORY RECORDS MANAGEMENT DIVISION

FOR RECORDS MANAGEMENT USE

INSTRUCTIONS: See Publication No. 76—RM—1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

Application Date	Georgia Department of Human Resources	Application Number
DHR-123	Division of Physical Health	76-351
Application Number	Emergency Health Unit - 2nd Floor	Date Received Date Completed
December 1, 1976	Ponce de Leon Avenue, N. E. Atlanta, Georgia 30306	DEC 2 1976   DEC 1 7 1976
2. Person to Contact	Working Title	Telephone Number
Mrs. Bennie Lou Carr	Community Services Development Co	onsultant 894-5170
3. Action Requested		
	Schedule; record will continue to accumulate.	
	cumulation; no further accumulation anticipated.	<u> </u>
4. Dates of Series	No Check One: ☐ Change; ☐ Supercect  5. Records Series Title (followed by title used in office; if directions)	le; U Void
Earliest Latest	or resolves delice from the by the dead in office, it di	(alait)
July, 1975 to date	Emergency Health Ambulance Trip Report	Files
6. Division and Office Function	What is the function of the Division and the Office in	which this record series is created?
The Division of Phys:	ical Health is responsible for the administ	ration, direction, and coordi-
nation of the Physics	al Health programs throughout Georgia. Thi	s is accomplished by the es-
improvement of the n	n standards for business, housing, field op nysical and dental health of adults and chi	erations, and hospitals; the
trol of diseases: the	ne supervision of construction and licensur	e of health facilities and
	program of registration, statistical codin	
tion of the births,	marriages, divorces, annulments of marriage	
year in the State.		
The Emergency Health	Unit is responsible for providing administ	retive convices and for are-
moting and supporting	g emergency health functions to meet the ne	eds of individuals in emer-
gency situations when	ther due to sudden illness, or natural or m	nanmade disasters.
7. Record Series Description	This file contains the following documents (include form nu	mbare and sister. If anything
	Attach samples of the file.	mider's and trues, if any).
Documents relating to:	dered to patients in any type of emergency	dage to the section of the
workers in Georgia		
included are: 3-part for	rm (white-hospital; yellow-Emergency Healt	h; pink-ambulance service)
form DPH-13 (Rev.	7-75) AMBULANCE TRIP REPORT which shows pat	ient's name, address,
Social Security Nu	mber, color, age, and sex; type of payment	(cash, Medicare, Medicaid,
insurance); time i	Factor; name of ambulance service; licens t (home, public road, recreation area, on t	he job. farm. public building)
ambulance requested	i by (police department, fire department, h	ospital, etc.); nature of
accident (automobi	le, motorcycle, pedestrian, inhalation of g	as or smoke, projectiles,
firearms, machiner	y, etc.); nature of call (OB, illness, inj	ury); distance (to location,
E.D., total miles)	; patient's destination (hospital, refused f responsible person or next of kin; vital	sions (RP nulse respiration
File is arranged:		~ <sub>.</sub>
by month; thereund	er, by Emergency Medical Services Region;	thereunder, alphabetically
8. Monthly Reference Rate	How often are records referred to which are:	3
	; Seven to twelve months old; Thirteen to	hwenty four months old
twenty-five months and older	low reference - needed for lega	1 purposes
Annual Rate of Accumulation	n of Beenede	
Letter-size drawers	; Legal-size drawers; Shelves;	Other (specify)
approximately 18		<b>\</b>
A-60-71; Rev. 76	(Over)	
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YES NO 10, Questionnaire	(Place an "X" in the proper celun	<u>(n))                                   </u>	
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l pa	tient records	dermile and an annual management of the second	
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		essary to keep the entire file for a long pe	riod, could these
	scheduled separately?	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		lished? If yes, attach copy. yzed and/or recorded in a summarized re	_ 5,2
X If yes attach	SORV		
		r in another office or agency?	ಿ೯೧೩ ಕ್ಲಿ ಈಲ್ ಸರ್ವ
II ABY MITGIET	er a major portion of it) regularly mic	rofilmed?	
Does the reco	d series result in a computer printout	quarterly sampling of selec	ted information
Retention Requirements			
. State Law	years.	d. Audit period	years.
Statute of limitation	· · · · · · · · · · · · · · · · · · ·	🗠 e. Administrative need	
Federal law	years.	f. Federal retention instructions	years.
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APPLICATION FOR RECORDS RETENTION SCHEDULE

Emergency Health Ambulance Trip Report Files

#### Continuation page

7. loss of sensation, loss of movement); pupils (no reaction to light, equal, dilated, constricted, right larger, left larger); patient's condition (conscious, confused, semi-conscious, unconscious); type of injury (abrasion, amputation, avulsion, burn, concussion, crushing, dislocation, fracture, internal, laceration-cut, puncture, asphyxiation, drowning, electrocution); site of injury /on body/ (head, face, eye, neck, etc); illness (abdominal pain, abortion-miscarriage, chest pains/heart, etc.); severity (minor, moderate, critical, apparent death before arrival, apparent death at location after arrival); medical ID tag (yes or no); patient's condition enroute (improved, unchanged, weakened, apparent death); difficulties enroute (traffic, weather, mechanical, accident); emergency care rendered at scene and enroute (suctioned airway, oral airway, intubation, oxygen, etc.); comments; signatures of patient, attendant and driver (with Ga. EMT Numbers); date; time; received by (responsible individuals /MD, RN, LPN). Also, quarterly printout.